

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213550440		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The American College of Radiology Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS R HOFFMAN 1891 PRESTON WHITE DR RESTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IL</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1019647</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1891 PRESTON WHITE DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RESTON, VA 20191-5431</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HOWARD B FLEISHON TITLE: DIRECTOR ADDRESS: NORTH MOUNTAIN RADIOLOGY GROUP 250 E DUNLAP CITY/ST/ZIP/CO: PHOENIX, AZ 85020 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: HOWARD B FLEISHON TITLE: DIRECTOR ADDRESS: NORTH MOUNTAIN RADIOLOGY GROUP 250 E DUNLAP CITY/ST/ZIP/CO: PHOENIX, AZ 85020	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KIMBERLY E APPLGATE, MD TITLE: SPEAKER ADDRESS: EMORY UNIVERSITY SCHOOL OF MEDICINE 1364 CLIFTON ROAD, NE, SUITE D112 CITY/ST/ZIP/CO: ATLANTA, GA 30322 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KIMBERLY E APPLGATE, MD TITLE: SPEAKER ADDRESS: EMORY UNIVERSITY SCHOOL OF MEDICINE 1364 CLIFTON ROAD, NE, SUITE D112 CITY/ST/ZIP/CO: ATLANTA, GA 30322	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KIMBERLY E APPLGATE, MD TITLE: SPEAKER ADDRESS: EMORY UNIVERSITY SCHOOL OF MEDICINE 1364 CLIFTON ROAD, NE, SUITE D112 CITY/ST/ZIP/CO: ATLANTA, GA 30322	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL ELLENBOGEN MD TITLE: CHAIRMAN ADDRESS: PRESBYTERIAN HOSPITAL OF DALLAS 8200 WALNUT HILL LANE CITY/ST/ZIP/CO: DALLAS, TX 75231-4402 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL ELLENBOGEN MD TITLE: CHAIRMAN ADDRESS: PRESBYTERIAN HOSPITAL OF DALLAS 8200 WALNUT HILL LANE CITY/ST/ZIP/CO: DALLAS, TX 75231-4402	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL ELLENBOGEN MD TITLE: CHAIRMAN ADDRESS: PRESBYTERIAN HOSPITAL OF DALLAS 8200 WALNUT HILL LANE CITY/ST/ZIP/CO: DALLAS, TX 75231-4402	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	ALBERT L BLUMBERG, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	GBMC RADIATION ONCOLOGY		
CITY/ST/ZIP/CO:	6701 N. CHARLES STREET BALTIMORE, MD 21204-6881		
NAME:	EDWARD I BLUTH, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	OCHSNER MEDICAL INSTITUTIONS		
CITY/ST/ZIP/CO:	1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121-2429		
NAME:	JAMES A BRINK, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	YALE UNIVERSITY SCHOOL OF MEDICINE		
CITY/ST/ZIP/CO:	NEW HAVEN, CT 06520-8042		
NAME:	CHERI L CANON, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF ALABAMA AT BIRMINGHAM		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35249-6830		
NAME:	PHILIP S COOK, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	COOK DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34236		
NAME:	GERALD D DODD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIV OF CO SCHOOL OF MEDICINE		
CITY/ST/ZIP/CO:	12401 E 17TH ST AURORA, CO 80045		
NAME:	BURTON P DRAYER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MOUNT SIANAI MEDICAL CENTER		
CITY/ST/ZIP/CO:	1 GUSTAVE L LEVY PL FL 121 GUSTAVE NEW YORK, NY 10029		
NAME:	RICHARD A GEISE, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ABBOTT NORTHWESTERN HOSPITAL		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55407		
NAME:	MARTA HERNANZ-SCHULMAN, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VANDERBILT CHILDREN		
CITY/ST/ZIP/CO:	2200 CHILDREN NASHVILLE, TN 37232-9700		
NAME:	BRUCE HILLMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UVA RADIOLOGY RESEARCH		
CITY/ST/ZIP/CO:	BOX 801339 CHARLOTTESVILLE, VA 22908		

NAME:	PETER JOHNSTONE, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	INDIANA UNIVERSITY SCHOOL OF MEDICINE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46202		
NAME:	ALAN D KAYE, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BRIDGEPORT HOSPITAL		
CITY/ST/ZIP/CO:	267 GRANT STREET BRIDGEPORT, CT 06610-2870		
NAME:	DAVID C KUSHNER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2020 CANAL ROAD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		
NAME:	DEBORAH LEVINE, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BETH ISRAEL-DEACONESS MEDICAL CENTER		
CITY/ST/ZIP/CO:	BOSTON, MA 02215-5400		
NAME:	JONATHAN S LEWIN, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	JOHNS HOPKINS MEDICINE		
CITY/ST/ZIP/CO:	601 N CAROLINE STREET, STE 4210 BALTIMORE, MD 21287-0842		
NAME:	LAWRENCE A LIEBSCHER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CEDAR VALLEY MEDICAL SPECIALISTS		
CITY/ST/ZIP/CO:	WATERLOO, IN 50701-9086		
NAME:	GERALDINE B MCGINTY, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NASSAU RADIOLOGIC GROUP		
CITY/ST/ZIP/CO:	GARDEN CITY, NY 11530-4504		
NAME:	CAROLYN MELTZER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	EMORY UNIVERSITY HOSPITAL		
CITY/ST/ZIP/CO:	ATLANTA, GA 30322		
NAME:	BARBARA MONSEES, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MALLINCKRODT INSTITUTE OF RADIOLOGY		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63110-1076		
NAME:	DEBRA L MONTICCILOLO, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SCOTT AND WHITE CLINIC		
CITY/ST/ZIP/CO:	TEMPLE, TX 76508-0001		
NAME:	HARVEY L NEIMAN MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1891 PRESTON WHITE DR		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. ELIZABETH OATES, MD DIRECTOR UNIVERSITY OF KENTUCKY 800 ROSE STREET, HX-307B LEXINGTON, KY 40536-0283	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA S SHERRY, MD DIRECTOR PRESBYTERIAN HOSPITAL OF DALLAS DALLAS, TX 75231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SETH A ROSENTHAL, MD DIRECTOR 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEOFFREY G SMITH VICE PRESIDENT 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM D MILLER DIRECTOR 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH KOROTKY COO 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATARZYNA J MACURA, MD DIRECTOR 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T HERRINGTON, MD VICE SPEAKER 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KENNETH KOROTKY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KENNETH KOROTKY, COO PRINTED NAME AND CORPORATE TITLE	10/29/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			